

Final Report

GICS Grants Program 2020/21

Project title	Why Wait for Wellness Program Evaluation and Regional Expansion: Enhancing early access to health education and support for oncology patients in the Grampians Region
Funding allocation	\$29,385.20
Prepared by	Dr Sarah McKinnon
Organisation	Grampians Health
Version	1
Date	13/5/24

1. Problem definition

Briefly describe the background to the project, including:

- The issues or problems that led to this project being developed
- Any available evidence of the issue or problems

Treatment for cancer can impact patients' physical and emotional wellbeing during and after their cancer treatment. The Why Wait for Wellness (WWW) program was offered as an online or face to face group that delivered timely information on diet, exercise, sleep and stress management following cancer diagnosis to assist participants to self-manage during their treatment. This project aimed to evaluate the WWW program content, delivery format and referrals to meet the needs of consumers across the Grampians region.

Prehabilitation is effective in improving physical functioning, emotional wellbeing and quality of life for cancer patientsⁱ. The feasibility study "Optimising the Capability of the Allied Health Workforce within Cancer Prehabilitation" found that a multimodal approach to prehabilitation including exercise, nutrition and anxiety reducing techniques promotes positive outcomes for people newly diagnosed with cancerⁱⁱ. Without prehabilitation referrals to allied health tend to be crisis driven. The "Why Wait for Wellness" (WWW) program evolved based on this study, and provided interactive, evidence-based education to newly diagnosed cancer patients since 2016. The group was conducted as two x two-hour sessions over consecutive weeks in an interactive, lecture-based format, with a ten-minute break after the first hour. The sessions were kept to two hours to optimise the participants ability to concentrate and manage fatigue. The information was delivered by a dietitian, exercise physiologist and clinical psychologist and focused on nutrition, exercise, sleep and stress management during cancer treatment. The aim was to assist cancer patients to engage with self-management strategies to optimise their physical and emotional wellbeing. The challenges of face-to-face delivery presented by the COVID19 pandemic led to the development of the "Virtual WWW" program and included a Podcast Series and an online patient group. This online program delivery and engagement needed to be evaluated, along with the face to face program, and the referral pathways strengthened to ensure early referral. A

recent rapid review of multi-disciplinary health programs delivered through information and communications technology found only three papers on cancer related health information, none of which included online group programs or early interventionⁱⁱⁱ. With over 1600 new cancer diagnoses in the Grampians region each year^{iv}, the potential for the number of newly diagnosed cancer patients attending the Virtual WWW program to be increased by ~50% has been explored, as well as extending the reach of the program across the region.

2. Project overview and method

Briefly describe the aims and objectives of the project.

Aims

- To evaluate the acceptability and feasibility of virtual delivery and compare with face to face delivery of the WWW program
- To redevelop the program based on participant feedback.

Objectives

- Describe the referral rates and referral sources for the WWW program.
- Describe the characteristics of patients attending the WWW program.
- Determine the average time between cancer diagnosis and referral to the WWW program.
- Evaluate consumer satisfaction with the WWW program content.
- Describe and compare the uptake of the WWW virtual and face to face programs.
- Describe and compare participant experiences in the WWW virtual and face to face programs.
- Evaluate the required staff resources for the virtual WWW program and compare with face to face delivery.

Briefly describe the project including key activities, stages, noting outputs and outcomes.

As outlined in the interim report, the original plan for this project was adapted numerous times due to the ongoing occurrence of lockdowns and limited face to face service provision during the pandemic. All amendments were submitted to, and received approval from, the ethics committee. The project plan that was eventually established accounted for all possibilities.

The project was conducted in two phases:

Phase one (Retrospective) – consisted of the ethics application process, a file audit, review of evaluation forms and retrospective data. Phase one was reported on in the interim report.

Phase two (Prospective) – Demographic information was gathered on participants in the prospective phase and is currently being compiled for a manuscript.

One on one interviews were conducted with voluntary participants, evaluation forms reviewed, and a focus group was conducted. Based on an initial cursory analysis of the qualitative data

from the interviews and focus group the program was redesigned. Participants identified and supported the following changes

- develop an “opt out” model of referral
- conduct hybrid face to face and online sessions
- include some practical exercises
- add fatigue management and OT
- invite carers
- potentially have a follow up phone call or booster session.

Participants also endorsed each session as a stand-alone session so that there is a choice to attend one, two or all three sessions and join at any time.

Participants did not support adding exercise into the sessions. They felt this could slow the process down and that it would be preferable for the exercise to be separate to the education and on a referral basis. The team met to discuss this feedback and developed a new look program.

Key outcomes:

New program – The WWFW program now consists of 3 sessions:

- Session one: Facilitated by Psychology and Occupational Therapy. Topics include: Sleep hygiene, Stress and anxiety management, Fatigue Management and Relaxation
- Session two: Facilitated by Dietetics and Exercise Physiology. Topics include: Diet Myth Busting, Symptom management, Exercise and Cancer
- Session three: Psychology and Dietetics. Topics include: Fear of cancer recurrence, healthy eating and goal setting.

Referrals – the opt out referral process is under development with liaison with medical and administrative staff.

Regional outreach – Meetings have been held with the Wimmera Cancer Centre with a plan to have participants join the education sessions online either from home or from the cancer centre. There is also scope for the program to be delivered onsite by Horsham based Grampians Health staff.

Briefly outline how deliverables were achieved and any change management strategies used or challenges experienced.

Deliverables were achieved with regular meetings of the steering committee and division of tasks amongst the clinicians and research team.

There were multiple challenges experienced due to the COVID19 pandemic at the beginning of the project and the project plan was amended multiple times before the project could commence. These challenges were outlined in the interim report.

The project was also very ambitious for the time frame and may have been able to be simplified.

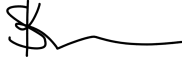
3. Stakeholders, consultations & communication

Describe how consumers were engaged during your project

Consumers were engaged via one-on-one interview feedback, a focus group and through evaluation forms. The new program has been developed based on this feedback.

contribute to the non-admitted activity for the allied health oncology program in a time and cost-effective manner. The future plan is to engage with consumers to develop a recovery focused booster session or program that links in with the survivorship clinic for participants who have completed their treatment.

7. Project authorisation

Signature	
Name of Executive Director	Dr Sarah McKinnon
Date	31/ 05 / 2024

ⁱ Cited Prehabilitation evidence and insight review, Macmillan Cancer Support, 2017. Cancer Rehabilitation. Making excellent cancer care possible. National Cancer Action Team. 2013.

ⁱⁱ Joubert, L., and Naccarella, L. (2017). Optimising the Capability of the Allied Health Workforce within Cancer Prehabilitation: A Feasibility Study. Final Report.

ⁱⁱⁱ Beks, H., King, O., Clapham, R., Alston, L., Glenister, K., McKinstry, C., Quilliam, C., Wellwood, I., Williams, C., Wong Shee, A. (2021) Community health programs delivered through information and communications technology in high-income countries: a scoping review. Journal of Medical Internet Research <http://doi.org/10.2196/preprints.26515>

^{iv} Victorian Cancer Registry 2021